Gender Integration in Family Planning Services

PARTICIPANT'S MANUAL

পরিবার পরিকল্পনা অধিদপ্তর

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Accelerating Universal Access to Family Planning (AUAFP)/Shukhi Jibon Project

2022

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Forward

Bangladesh had made significant achievements during the last decades in reducing population growth and improving maternal and child health. In the last 50 years, Bangladesh has successfully halved infant mortality and cut the maternal mortality rate by 75%. Moreover, the total fertility rate has been brought down to 2.04 in 2020 from about 7 in the 1970s and this target should be brought down to 2.0 by 2022 to achieve a replacement level of fertility. To achieve this goal, the Contraceptive Prevalence Rate (CPR) should be raised to at least 75%, to achieve this we need to increase the participation of permanent and long-term methods to 20%. Reducing the maternal mortality ratio from 165 to 70 per lakh live births in Bangladesh by 2030 is an important goal of this program to achieve the Sustainable Development Goals. Various statistics have shown that gender norms, roles, behaviors, and practices affect family planning, and maternal and child health services. In this context, this Gender Integrated Family Planning Service Manual has been developed.

Almost all of us are acquainted with the word 'gender'. Gender-related knowledge identifies ongoing inequalities in personal, family, professional and social life and paves the way for equality. Gender roles and norms are deeply involved in the services of those who are especially involved in family planning, maternal and child health, and sexual & reproductive health services. Considering various indicators, it has been observed that gender norms and behaviors are closely linked with family planning and sexual & reproductive health services. In consequence, it has a huge impact on underprivileged people, especially on women's health, such as child marriage, adolescent pregnancy, infant/child mortality, and maternal mortality. Therefore, the elimination of gender inequality is essential in the development of maternal and child health.

In this context, the Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), National Institute of Population Research and Training (NIPORT), Shukhi Jibon Project, Pathfinder International, and USAID have jointly developed this Gender- Integrated Family Planning Service Manual. Sincere thanks and appreciation to all those who have been involved in the development of this manual for their timely assistance. This manual is a commendable initiative by the Shukhi Jibon project. The main content of the manual is designed for family planning and sexual and reproductive health care providers. Through this, service providers will get an initial idea about gender and better understand the connection of gender with family planning, and maternal and child health services. This manual can be used for basic training of family welfare visitors (FWVs). All the other manuals that are supplemented with this manual can be used in any training on family planning and maternal and child health services.

I firmly believe that the manual will contribute to developing service providers' knowledge, skills, behavior, and attitudes as well as performance. I also hope that gender will play a vital role in providing integrated family planning, and maternal and child health services.

Shahan Ara Banu, ndc
Director General (Grade 1)
Directorate General of Family Planning (DGFP)

Message

The Family Planning (FP) program of Bangladesh is a model for many countries and is appreciated all over the world. The United Nations recognized the Government of Bangladesh with an award for outstanding achievements in Maternal and Child Health Development. Extensive initiatives have been taken to ensure 24-hours safe delivery services at Union Health and Family Welfare Centers across the country. Adolescent-friendly corners are being set up in all service centers gradually. This reputation has been made possible by the multifaceted family planning programs through the last few decades. In line with the Sustainable Development Goals (SDG), Bangladesh has already made promising progress in achieving the targets of indicators related to family planning, maternal and child health. This progress and success have been made possible by the sincerity and dedication of the skilled service providers of the Directorate General of Family Planning Bangladesh (DGFP).

According to the Family Planning Program of the Government of the People's Republic of Bangladesh, bringing down the Total Fertility Rate (TFR) of eligible couple to 2.0 by June 2023 will make it possible to achieve the replacement level of fertility. Therefore, the Contraceptive Prevalence Rate (CPR) should be increased 75% and the participation of permanent and long-acting methods needs to be increased to 20%. By June 2023 we need to reduce the rate of unmet need for family planning from 12% to 10%; the adolescent pregnancy rate of 15-19-years old couples should be reduced from 30.8% to 25% and discontinuation rate should be reduced from 37% to 20%.

Proper use of family planning methods will play a helpful and necessary role in fulfilling our targeted objectives and goals. Besides, the role of family planning methods in maintaining maternal and child health is undeniable. We know that if we can ensure the use of family planning methods then it will reduce maternal and child mortality. Another significant cause of maternal mortality is repeated pregnancy, delivery, childbirth-related complications, especially ante-natal and postpartum complications that can be easily reduced through the use of family planning methods. At the same time, the desired goals of these indicators can be attained by increasing the knowledge and skills of the service providers. Considering the above and analyzing the underlying causes, it has been observed that one of the factors affecting the objective indicators is: gender-based violence caused by gender norms, customs and practices.

The Government of Bangladesh identified three issues as "Zero Tolerance": zero maternal mortality; zero unmet need of family planning and zero gender-based violence. Many issues can be solved if we work diligently on gender-based violence and sexual and reproductive health-related violence and rights. While implementing various activities, it has been observed that although the service providers have an idea about gender and gender-based violence, there is a lack in the service delivery, information sharing and gender-based knowledge to the clients. This manual has been developed with the joint efforts of the Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), NIPORT and 'Shukhi Jibon' Project.

I would like to express my sincere gratitude and appreciation to all those who have extended their support for the overall collaboration in the development and formulation of this Manual. Special thanks to all those involved in the USAID 'Shukhi Jibon' project for their timely cooperation. Following this manual, it is very important to provide appropriate and quality gender-sensitive services, which in my opinion, is very necessary for a quality program. I expect and believe that all service providers and managers involved in the family planning program will make the best use of it. Ultimately, the effective use of this manual will enable service providers to address violence in the provision of family planning services, maternal and child health services, adolescent health services and above all sexual and reproductive health services and finally assist in ensuring quality services through joint ventures.

Md. Niajur Rahman
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Acknowledgments

The USAID Accelerating Universal Access to Family Planning Project, also known as Shukhi Jibon, is implemented by Pathfinder International, and works with the Government of Bangladesh (GOB) to build the responsiveness of the health care system and improve the health, especially of women and adolescents, by increasing the use of sexual and reproductive health (SRH) and family planning (FP) services. Shukhi Jibon provides technical support to the GOB to improve the skills of FP service providers and implement reproductive health strategies for disadvantaged people such as newlyweds, first-time parents, adolescents, and postpartum women. Gender is integrated in all the activities of the Shukhi Jibon Project.

Gender norms and related factors greatly influence reproductive health and family planning practices; however, FP service providers do not always understand how gender is associated with family planning services and health care. Considering this context, Shukhi Jibon developed a manual on gender integration in family planning services.

This manual provides an introduction to gender with a focus on how gender influences SRH/FP services and practices. The manual can be used in any training related to SRH services. Since it includes some Bangla words that have not been found in any other manual, both the Bangla and English terms have been kept for ease of reference. The Gender-Integrated Family Planning Services Manual was field-tested and vetted by a technical working group.

The manual will enable FP service providers to increase their knowledge and skills on gender and contribute to improving the quality of services. Our gratitude to the Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), and National Institute of Population Research and Training (NIPORT), as well as the subject matter experts and Shukhi Jibon team members who were involved in supporting the development of this manual.

Md. Mahbub Ul Alam
Project Director, USAID Shukhi Jibon and
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Acronyms and Abbreviations

AUAFP	Accelerating Universal Access to Family Planning
BOHS	Bangladesh Demographic and Health Survey
CEDAW	Convention of the All Forms of Discrimination against Women
CPR	Contraceptive Prevalence Rate
FP	Family Planning
GBV	Gender- Based Violence
HTSP	Healthy Timing and Spacing of Pregnancy
IGWG	Interagency Gender Working Group
IPV	Intimate Partner Violence
IUD	Intrauterine Device
MoHFW	Ministry of Health and Family Welfare
RH	Reproductive Health
SGDs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
UDHR	Universal Declaration of Human Rights
UN	United Nations
USAID	United States Agency for International Development
VAW	Violence Against Women
WHO	World Health Organization

Introduction

Bangladesh's family planning (FP) program has achieved significant success,[1] however, the latest Bangladesh Demographic and Health Survey (BOHS) shows that the contraceptive prevalence rate (62%) and unmet need for FP (12%) have remained stagnant over the last decade.[2] Similarly, rates of girl's marriage and adolescent fertility rates remain high.[3] Additionally, pressure to prove fertility after marriage, son preference, women's lack of decision-making power to use contraception, and lack of access to and availability of contraception are persistent and negatively affect gender equality and reproductive health. Given this situation, it is urgent that people working in health programming and service delivery reflect on the gaps, barriers, and constraints that women, men, girls, and boys face when it comes to contraceptive access, choice, and decision making.

Gender inequality and gender-based violence (GBV) are structural drivers of poor reproductive health and family planning outcomes. Likewise, the fulfillment of the reproductive and family planning rights of women, men, and adolescent boys and girls is linked to the promotion of gender equality.[4] Additionally, there is a correlation between women experiencing GBV and a decreased ability to negotiate to use of family planning methods, making them more vulnerable to unintended pregnancies.

USAID's Shukhi Jibon Project has organized a range of trainings to build the capacity of health care service providers and managers, with the aim of developing competent trainers and service providers in the FP program. Gender is not just a cross-cutting issue in these efforts, it is a critical component to fostering equitable quality family planning service delivery. The project's objectives related to gender are:

- Support USAID's Gender Equality and Female Empowerment Policy.
- Promote gender transformation.
- Work to reduce GBV, mitigate barriers to FP and sexual and reproductive health (SRH) access, and engage men and boys in their own health and that of their families.

Goals and Objectives of the Training

Goals

The purpose of this 2-day training is to equip family planning (FP) providers with knowledge and skills needed to provide gender sensitive FP services, therefore improving provider-client interactions and overall quality of care.

The goals of this training are to:

1. Give FP providers an understanding of key gender concepts and how to apply them in service delivery.

[1] According to the BDHS (2017-18), the total fertility rate (TFR) decreased from 6.5 in 1975 to 2.3 in 2018.
[2] National Institute of Population Research and Training, Medical Education and Family Welfare Division Ministry of Health and Family Welfare, *BOHS 2017-2018.* (Rockville, MD/Dhaka: ICF/MoHFW, 2019).
[3] According to the BDHS 2017-18, 59% of women ages 20-24 married before age 18 and the adolescent fertility rate was 28%.
[4] Gender equality is defined as females and males having equal rights, freedoms, conditions, and opportunities for realizing their full potential.

2. Raise FP providers' awareness of key gender issues related to FP and reproductive health (RH) service provision.
3. Introduce providers to skills needed to be gender competent FP providers.

Specific Learning Objectives

After completing the modules in this trainings, participants will be able to:

- Reflect on their understanding of sex and gender.
- Define and understand the meaning of gender and gender-related concepts including gender roles, gender equality, and gender equity.
- Promote a better understanding of gender in their workplace.
- Explore and understand one's own ideas about and experiences with gender.
- Identify how one's personal experiences and beliefs regarding gender may affect family planning service provision.
- Define gender-based violence.
- Deconstruct the myths and realities surrounding gender-based violence and understand that gender-based violence also affects males due to gender norms.
- Understand key concepts related to reproductive agency.
- Describe the needs and challenges young married women and their partners have in exercising their reproductive agency.
- Understand the continuum of gender as it relates to integrating gendered approaches in projects and activities.
- Describe the 4 approaches to gender integration in programs and services.
- Understand the importance of engaging men in family planning.
- Explain a framework for engaging men in family planning.
- Identify approaches providers can use to engage men in family planning.
- Demonstrate gender sensitive counseling.
- Explain ways of facilitating positive couple's communication and decision making.
- Describe the DO NO HARM principles surrounding FP service provision and the risk of violence against women.
- Demonstrate how to respond to disclosures of GBV with appropriate first-line information.
- Identify challenges to providing gender sensitive family planning counseling and services.
- Identify 3 changes that participants want to make in their work immediately to implement what they have learned in this training.
- Make action plans with specific activities, barriers that might be encountered, and strategies for overcoming them.

Overview of the Training

MODULE 0 Introduction to the Training	
Session 0-1: Introductions, Group Norms, and Pre-test	60min.
Total Module Time	**1 h.**
MODULE 1 Understanding Gender and its Role in Family Planning	
Session 1-1: Gender and Biological Sex	35 min.
Session 1-2: Gender Roles, Equality, and Equity	60 min.
Session 1-3: Legal Rights Supporting Gender Equality	25 min.
Total Module Time	**2 h.**
MODULE 2 Gender Values Clarification	
Session 2-1: Gender Values Clarification	45 min.
Total Module Time	**45 min.**
MODULE 3 Gender-Based Violence	
Session 3-1: What Do We Mean by GBV?	60min.
Total Module Time	**1 h.**
MODULE 4 Reproductive Agency – Young Married Women and their Partners	
Session 4-1: Reproductive Agency- Key Concepts	35 min.
Session 4-2: Understanding the Needs and Challenges of Young Married Women and their Partners	55 min.
Session 4-3: Gender Sensitive Counseling Approaches that Promote Reproductive Agency	30min.
Total Module Time	**2 h.**
MODULE 5 Gender Aware Service Delivery	
Session 5-1: Gender Aware Service Delivery	30min.
Total Module Time	**30min.**
MODULE 6 Engaging Men in Family Planning	
Session 6-1: Framework for Engaging Men in Reproductive Health	60 min.
Total Module Time	**1 h.**
MODULE 7 Skills Development – Gender Sensitive Counseling	
Session 7-1: Gender Sensitive Counseling	60min.
Total Module Time	**1 h.**
MODULE 8 Skills Development – Responding to Gender-Based Violence	
Session 8-1: Responding to GBV	45 min.
Total Module Time	**45 min.**
MODULE 9 Overcoming Obstacles to Offering Gender Sensitive Family Planning	
Session 9-1: Obstacles to Gender Sensitive FP Service Provision	45 min.
Session 9-2: Individual Action Plans	45 min.
Session 9-3: Concluding the Training	30min.
Total Module Time	**2 h.**
TOTAL TRAINING TIME	**12 hours***

Does not include lunch or other breaks.

References

Accelerating Universal Access to Family Planning (AUAFP)/Shukhi Jibon Project. *Supplemental Training Module on Gender Integration in Family Planning Services.* (Dhaka: Pathfinder International, 2020).

Accelerating Universal Access to Family Planning (AUAFP) Project. *Counseling Adolescents on Sexual and Reproductive Health: Trainer's Manual.* (Dhaka: Pathfinder International, 2020).

Accelerating Universal Access to Family Planning (AUAFP) Project. *Competency-Based Training: Trainer's Manual.* (Dhaka: Pathfinder International, 2020).

Accelerating Universal Access to Family Planning (AUAFP) Project. *Mentorship and Supportive Supervision: Trainer's Manual.* (Dhaka: Pathfinder International, 2020).

APHIA II Western. Infant and Young Child Feeding and Gender: A Training Manual for Male Group Leaders. 2011.

EngenderHealth. Comprehensive Counseling for Reproductive Health: An Integrated Curriculum. 2003.

EngenderHealth. Engaging Men in Sexual and Reproductive Health Services: A Continuum of Programme Activities.

High Impact Practices (HIP) in Family Planning. Engaging Men and Boys in Family Planning: A Strategic Planning Guide. 2018.

FP2020 Rights & Empowerment Working Group. Family Planning 2020: Rights and Empowerment Principals for Family Planning.

FP2020. Rights-Based Family Planning: Developing & implementing programs that aims to fulfill the rights of all individuals. 2020.

HRH2030. Defining and Advancing a Gender Competent Family Planning Service Provider: A Competency Framework and Technical Brief. 2020.

International Center for Research on Women (ICRW). A Conceptual Framework for Reproductive Empowerment. 2018.

IntraHealth, Better Practices in Gender Sensitivity: Gender Sensitivity Assessment. 2003.

IPPF and UNFPA. Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys. London/New York: IPPF and UNFPA, 2017.

Kabeer, Naila. "Resources, agency, achievements: reflections on the measurement of women's empowerment" *Dev. Change* 30, 1999: 435-464.

MCSP, MCSP HRH Liberia Gender Responsive Teaching Methods. 2018.

Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh. Gender Strategy 2014.

Pathfinder International. Providing Reproductive Health Services to Young Married Women and First-time Parents: A Supplemental Training Module for Facility-based Health Care Providers. Watertown, MA: Pathfinder International, 2016.

Population Reference Bureau. The Gender Integration Continuum: Training Session User's Guide. 2017.

Pulerwitz, J., A. Gottert, M. Betran, and D. Shattuck on behalf of the Male Engagement Task Force, USAID/IGWG. Do's and don'ts for engaging men & boys. Washington, DC, 2019.

Rottach, E., K. Hardee, R. Jolivet, and R. Kiesel. Integrating Gender into the Scale Up of Family Planning and Maternal, Neonatal, and Child Health Programs. Washington, DC: Futures Group, Health Policy Project, 2012.

UN Women. 10 Myths About Violence Against Women and Girls. 2019.

United Nations. Convention on the Elimination of All Forms of Discrimination against Women. New York, 18 December 1979.

USAID/Interagency Gender Working Group (IGWG). Gender Based Violence: A Primer.

USAID/Interagency Gender Working Group (IGWG). Gender Equality Continuum Tool.

USAID Interagency Working Group (IGWG), "Act Like a Man, Act Like a Woman".

USAID Learning Lab. Gender 101: Gender Equality at USAID eLearning Course (2013).

WHO. Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-care Providers. Geneva: WHO, 2019.

WHO. Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations. Geneva: WHO, 2014.

WHO. Health Workers for Change: A Manual to Improve Quality of Care. Geneva: WHO, 2018.

WHO. Selected Practice Recommendations for Contraceptive Use, 3rd ed. Geneva: WHO, 2016.

Willan, S., A. Gibbs, I. Petersen, R. Jewkes, "Exploring young women's reproductive decision-making, agency and social norms in South African informal settlements" *PLoS ONE* 15(4). 2020

Understanding Gender and its Role in Family Planning

INTRODUCTION

Numerous studies have shown that unmet need and low family planning use are often the result of gender inequality, including gender roles and norms in a society that devalue women and grant decision-making control to men. Use of family planning is also shaped by these social and gender norms, including the perceived acceptability of family planning and gender roles that limit women's autonomy and restrict communication and decision-making between men and women. In this module the trainer will provide an introduction to key gender terms and concepts in order to support family planning providers in understanding how gender can impact access and us of family planning services

Module 1 Handouts

HANDOUT1A

Gender-Related Terms and Concepts

Agency the capacity to make decisions freely and to exercise control over one's body in an individual's household, community, municipality, and state. An individual's agency is dependent on several intersecting factors, including race, class, sexual orientation, gender, age, education, political assertion, and others.

Empowerment a transformative process of expansion of people's agency to make and act upon decisions affecting all aspects of their lives - including decisions related to health - by proactively addressing socioeconomic, and other power inequalities in a context where that serve as barriers to agency.

Femininity is qualities or attributes regarded as characteristics of women.

Gender is about the roles, norms, and behaviors that society consider appropriate for women, men, girls, boys, and those with diverse gender identities, such as transgender. These are socially constructed and vary widely within and across cultures, religions, class and ethnicity. For example, in many societies a common gender norm is that women and girls should do most of the domestic work.

Gender Accommodating approaches are those that consider women's and men's specific needs without necessarily changing the larger contextual issues that lie at the root of the gender inequities and inequalities. For example, employing female health workers will facilitate enhanced FP service acceptance and uptake, but would not address the underlying cultural barrier that prevents female caregivers from seeking services from male health workers.

Gender Aware programs and services examine and address the set of economic, social, and political roles, responsibilities, rights, entitlements, obligations and power relations associated with being female and male and the dynamics between and among men and women, boys and girls.

Gender-based Violence (GBV), in the broadest terms, is violence that is directed at individuals based on their biological sex, gender identity, or perceived adherence to culturally-defined expectations of what it means to be a woman and man, girl and boy. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private. GBV is rooted in economic, social, and political inequalities between men and women. GBV can occur throughout the lifecycle, from infancy through childhood and adolescence, the reproductive years and into old age and can affect women and girls, and men and boys, including transgender individuals[5]. Specific types of GBV include (but are not limited to) female infanticide; early and forced marriage, "honor" killings, and female genital cutting/mutilation; child sexual abuse and exploitation; trafficking in persons; sexual coercion, harassment and abuse; neglect; domestic violence; economic deprivation, and elder abuse.

[5] World Health Organization (WHO), *Multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses* (Geneva: 2005).

Gender Blind programs and services are designed without consideration of the culturally defined set of economic, social, and political roles, responsibilities, rights, entitlements, obligations, and power relations associated with being female and male and the dynamics between and among men and women, boys and girls. The project ignores gender considerations altogether.

Gender equality is the absence of discrimination based on a person's sex or gender. It means providing the same opportunity to each person including access to and control of social, economic and political resources, including protection under the law (such as health services, education and voting rights).

Gender equity is the process of being fair to women, men and those with diverse gender identities. It recognizes that men and women have different needs, power and access to resources, which should be identified and addressed in a manner that rectifies the imbalance. Addressing gender equity leads to equality.

Gender Exploitative Programming programs and services intentionally or unintentionally reinforce or take advantage of gender inequalities and stereotypes in pursuit of project outcome, or whose approach exacerbates inequalities. This approach is harmful and can undermine the objectives of the program in the long run.

Gender Identity refers to one's internal sense of being male, female, neither or both.

Gender Integration refers to strategies applied in in programs and health services to take gender considerations (as defined above, in "gender") into account and to compensate for gender-based inequalities.

Gender-related barriers are obstacles to access and use of health services that are related to deep rooted social and cultural norms about the roles of women, men, and those with diverse gender identities. For example, when caregivers, primarily women, have not been educated, lack decision-making power, are economically dependent, or are unable to move freely outside their homes, there is a greater likelihood that they will not take their children to get vaccinated.

Gender-sensitive refers to supporting actions, policies, interventions, or activities that proactively recognize the set of economic, social, and political roles, responsibilities, rights, entitlements, obligations, and power relations associated with being female and male, and the dynamics between and among women, men, girls, and boys

Gender-transformative approaches are those that attempt to re-define and change existing gender roles, norms, attitudes and practices. These interventions tackle the root causes of gender inequity and inequality and reshape unequal power relations. For example, promoting men's caregiving and active fatherhood encourages equitable gender roles, or providing health education to girls improves their agency builds their confidence.

Family planning provider refers to anyone involved in the education, counseling, or provision of FP services. This can include nurses, nurse-midwives, community health workers/volunteers, health educators, clinicians, physicians, pharmacists, and private pharmacy workers.

Intersex: Individuals who have genital, chromosomal, or hormonal characteristics which do not correspond to the given standard for "male" or "female" categories of sexual or reproductive anatomy. It may take many forms and covers a wide range of bodily characteristics.

Intimate partner violence refers to any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Examples of types of behavior are: slapping, hitting, kicking, otherwise beating, forced sexual intercourse and other forms of sexual coercion, insulting, routine humiliation, intimidation, threats to take away children, isolating a person from family and friends, restricting access to medical care, etc.

Masculinity refers to qualities or attributes regarded as characteristics of men.

Sexual Orientation refers to one's sexual or romantic attractions, and includes sexual identity, sexual behaviors, and sexual desires.

Sex is typically assigned at birth and refers to the biological characteristics that define humans as female, male or intersex.

Transgender is an umbrella term referring to individuals who do not identify with the sex category assigned to them at birth or whose identity or behavior falls outside of stereotypical gender norms. The term "transgender" encompasses a diverse array of gender identities and expressions, including identities that fit within a female/male classification and those that do not. Transgender is not the same as intersex, which refers to biological variation in sex characteristics, including chromosomes, gonads and/or genitals that do not allow an individual to be distinctly identified as female/male at birth.(The *term can include a wide range of other identities, such as members of third genders, as well as individuals who identify as more than one gender or no gender at all.*

Violence against Women and Girls refers to any act that is based on gender norms or unequal power dynamics that results in, or is likely to result in, physical, sexual, or mental harm to women, including threats, coercion, or arbitrary deprivation of liberty-whether occurring in public or in private life

Gender Values Clarification

INTRODUCTION

This activity is designed to help introduce the ideas of gender and gender equality and stimulate discussion amongst participants who may have had limited exposure to these issues. Additionally, it aims to help participants understand that personal experiences and values impact how we view, understand, and undertake our work as family planning providers.

Module 2 Handouts

TOOL 2A

"Vote with Your Feet" Statements[6]

1. A woman's place is in the home.
2. It is a woman's right to choose the number, timing, and spacing of her children.
3. In today's world, a boy child is more valued than a girl child.
4. Family planning is a woman's responsibility.
5. A man is only valued for his ability to make money and provide for his family.
6. In certain circumstances, women provoke violent behavior.
7. Men sometimes have a good reason to use violence against their partners.
8. Involving men in family planning counselling sessions will only further increase men's power over decisions that affect women's fertility and health.
9. A woman should not refuse sex to her husband.
10. It is wrong to give a family planning method to a woman who wants to conceal it from her husband.
11. The most important thing a woman can do is have babies.
12. A man is only a real man once he has fathered a child.
13. Gender equitable relationships should not be the goal of a family planning programs and services.
14. Gender-based violence is too culturally sensitive an issue to be addressed in reproductive health projects.
15. Even if you offer free and convenient family planning services with a range of methods to men, they will have little interest in utilizing the services.
16. Promoting gender equality in couples is a valid goal of a family planning program.
17. A woman can do any kind of work a man can do.
18. Men sometimes have a good reason to use violence against their partners.
19. It is unfair and inappropriate to expect service providers to mitigate power dynamics between the couple seeking services.
20. Women are just as likely to perpetuate norms around violence as men are.

[6] IGWG, "Vote With Your Feet: Example Bank".

Gender-Based Violence

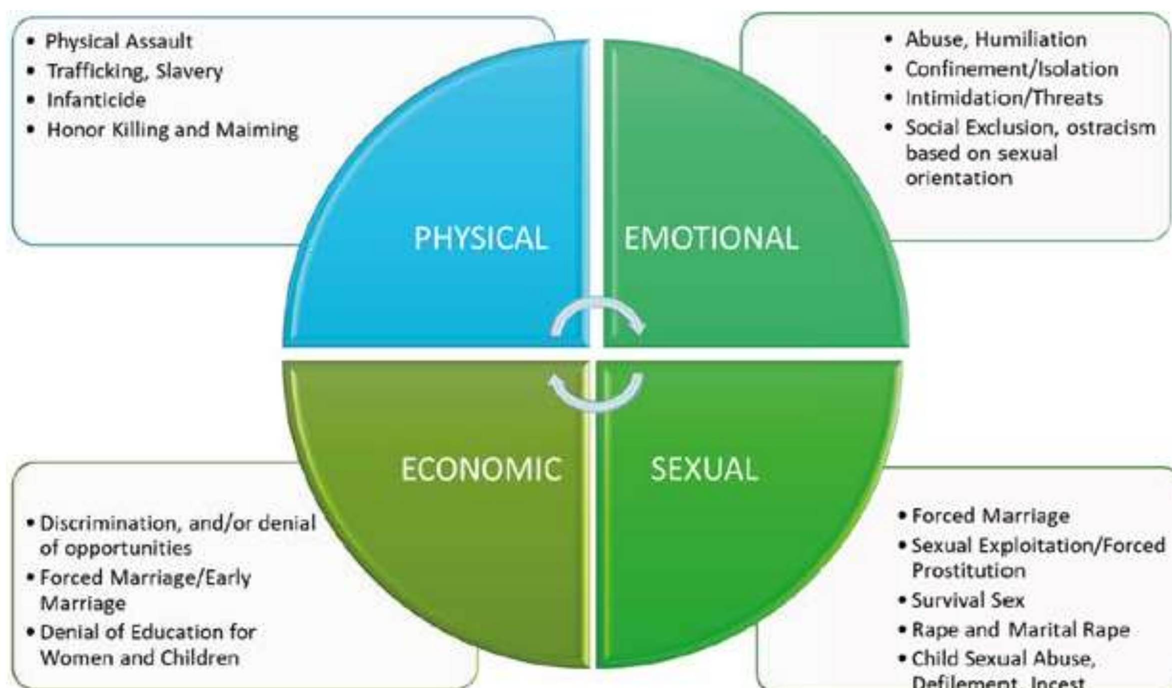
INTRODUCTION

Gender-based violence (GBV) is a universal problem occurring in every culture and social group. Globally, 1 in every 3 women has experience GBV-including being beaten, coerced into sex, or otherwise abused in her lifetime-most often by someone she knows, such as a member of her own family, an employer, or a coworker. Violence against women is the most common presentation of GBV. While men and boys can also experience violence as a result of gender norms, women's marginalized status in society and their relative lack of power results in high levels of violence against women and girls. In this module we will examine the meanings of the concept GBV, what types of violence are considered gender-based, where GBV occurs, and who its main victims and perpetrators are. We will explore gender-based violence as a violation of human's rights, and we will consider the unique manifestations and forms of violence against women and girls, such as reproductive coercion.

Module 3 Handouts

HANDOUT3A

Types of Gender-Based Violence



HANDOUT 3B

Gender-Based Violence: Myth or Reality?[7]

35% of women globally experience GBV in their lifetime.

Reality

Globally, 1 in 3 women experience physical, sexual, or emotional violence due to their gender. Similar numbers of women have already experienced GBV by the age of 19. Prevalence among 15-19-year-olds is estimated at 29% globally. [8]

Gender-based violence does not occur in Bangladesh.

Myth

Almost two-thirds (72.6%) of ever married women in Bangladesh have experienced one or more forms of violence by their husband at least once in their lifetime. More than half (54.7%) report having experienced violence in the last 12 months.[9]

There is nothing we can do to stop gender-based violence

Myth

Gender-based violence is a product of learned attitudes and norms. It can be eliminated by promoting a culture of respect and equality in family and society.

Gender-based violence is an inevitable part of marriage/intimate partner relations.

Myth

Disagreements and disputes may be inevitable parts of intimate partner relations. However, violence as a way to resolve those disputes is not. Violence is a learned behavior and can be unlearned.

Domestic violence is not just a private, family matter.

Reality

Gender-based violence is a human rights violation and a serious, widespread crime. It is the responsibility of all us, but particularly health providers to contribute to ending gender-based violence.

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[7] Adapted from: UN Women, 10 myths about violence against women and girls (2019).

[8] WHO, Violence against Women - Factsheet (2017).

[9] Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh. Report on Violence Against Women (VAW) Survey 2015

Reproductive Agency - Young Married Women and their Partners

INTRODUCTION

In much of Bangladesh, a significant proportion of adolescent girls and young women are married. More than half (59%) of girls and women in Bangladesh are married before their turning 18 and 22% are married before age 15.[10] For most young women and adolescent girls, sexual debut and childbearing occur within the context of marriage. Use of modern contraceptives is low among young married women, and childbearing usually begins soon after marriage. For the purposes of this training, the term "young married women" refers to adolescents and young women (ages 10-24) in formal and informal unions, in which they are living with a partner. This group includes both those with and those without children.

[10] Girls Not Brides, Bangladesh - Child Marriage Around the World. Girls Not Brides (webpage). June 2019.

Module 4 Handouts

HANDOUT4A

Gender Sensitive Family Planning Counseling Tips

- Protect the client's privacy and confidentiality. Ensure that counseling is done in a room where others cannot see or hear. Do not announce to the waiting area what services the client is at the clinic for.
- Sit at eye-level with the client.
- Welcome the client warmly.
- Ask open-ended questions about her wellbeing and the wellbeing if her child/children (if she has any).
- Do not do all the talking.
- Show respect for the relationship between the couple, by asking about the woman's relationship with her partner (e.g., how are decisions made in the household)
- Show respect the partners' fertility desires and perspective on the use of contraception. However, **under no circumstances should a woman be denied contraception or a specific contraceptive method because her husband has not approved.**
- Emphasize the importance of Healthy Timing and Spacing (HTSP) to the health of the family, and the other benefits of HTSP, such as greater economic stability and improved nutrition.
- Be aware of yourself, what you are feeling, and what you are giving to the other person. Do not let personal values and biases prevent you from counseling young woman accurately and comprehensively.
- Provide accurate information, never give wrong information, and if you do not know something, say you do not know (and will find out).
- Use simple/local words.
- Encourage the client to ask questions.
- Use visual aids (e.g., a picture, flipchart) if available or show a person how to do a task as you explain.
- Listen carefully to what is said and repeat back to make sure you have understood correctly.

Gender Aware Service Delivery

INTRODUCTION

The purpose of this session is to introduce participants to the Gender Integration Continuum. The application of the Continuum enables participants to not only focus on what specific activities are being undertaken through their family planning programs but also on what impacts these activities have on the achievement of gender equality.

Module 5 Handouts

HANDOUT SA

Understanding the Gender Integration Continuum[11]

The Gender Integration Continuum

Ignores:
- The set of economic, social, political roles; rights; entitlements; responsibilities; and obligations associated with being female or male.
- Power dynamics between and among men and women, boys and girls.

Gender

Reinforces or takes advantage of gender inequalities and stereotypes.

Works around existing gender differences and inequalities.

- Fosters critical examination ofgender norms* and dynamics.
- Strengthens or creates systems' that support gender equality.
- Strengthens or creates equitable gender norms and dynamics.
- Changes inequitable gender norms and dynamics.

* Norms encompass attitudes and practices.
'A system consists of a set of interacting structures, practices, and relations.

[11] The Gender Integration Continuum Training Session User's Guide. 2017.

Definitions of the Approaches on the Gender Integration Continuum[12]

The terms "gender blind" and "gender aware" relate to the degree to which gender norms, relations, and inequalities are analyzed and explicitly addressed during design, implementation, and monitoring.

Gender Blind:

Gender blind policies and programs are designed without a prior analysis of the culturally defined set of economic, social, and political roles, responsibilities, rights, entitlements, obligations, and power relations associated with being female and male and the dynamics between and among men and women, boys and girls. The project ignores gender considerations altogether.

Gender Aware:

Gender aware policies and programs examine and address the set of economic, social, and political roles, responsibilities, rights, entitlements, obligations and power relations associated with being female and male and the dynamics between and among men and women, boys and girls.

Exploitative Gender Programming:

Gender exploitative policies and programs intentionally or unintentionally reinforce or take advantage of gender inequalities and stereotypes in pursuit of project outcome, or whose approach exacerbates inequalities. This approach is harmful and can undermine the objectives of the program in the long run.

Accommodating Gender Program:

These are policies and programs that acknowledge but work around gender differences and inequalities to achieve project objectives. Although this approach may result in short-term benefits and realization of outcomes, it does not attempt to reduce gender inequality or address the gender systems that contribute to the differences and inequalities.

Transformative Gender Programming:

Transformative policies and programs seek to transform gender relations to promote equality and achieve program objectives. This approach attempts to promote gender equality by:

- Fostering critical examination of inequalities and gender roles, norms, and dynamics
- Recognizing and strengthening positive norms that support equality and an enabling environment
- Promoting the relative position of women, girls, and marginalized groups
- Transforming the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities.

[12] The Gender Integration Continuum Training Session User's Guide. 2017.

Engaging Men in Family Planning

INTRODUCTION

Engaging men in family planning can be beneficial for contraceptive access, use, and continuation, but when done correctly, has it also been shown to promote positive couple's communication and cooperative decision making. When men are engaged in constructive ways-as FP users, supportive partners, and agents of change-it can improve both health and gender outcomes. Evidence has shown that engaging men in FP/RH programs has been successful in decreasing unintended pregnancies, improving maternal health, and reducing sexually transmitted infections (STIs), including HIV.[13]

[13] E. Rottach, S. Schuler, and K. Hardee, *Gender perspectives improve reproductive health outcomes: new evidence* (Washington, DC: Population Reference Bureau, 2009).

Module 6 Handouts

HANDOUT GA

Tips to Engage Men in Family Planning[14]

Couples who discuss family planning-with or without a provider's help-are more likely to make plans that they can carry out.

Promote Positive Couples Communication and Cooperative Decision Making

Providers can:

- Coach men and women on how to talk with each other about reproduction and family planning.
- Encourage cooperative decision-making about reproductive health and family planning.
- Invite and encourage women to bring their partners to the clinic for joint counselling, decision-making, and care.
- Suggest to female clients that they tell their partners about health services for men, and give them informational materials to take home, if available.

Provide Accurate Information

To inform opinions and decisions, men need to receive accurate information and to have their misperceptions corrected. Important topics include.

- Family planning methods, both for men and for women, including safety and effectiveness
- The health benefits of waiting until the youngest child is 2 years old before a woman becomes pregnant again
- Male and female sexual and reproductive anatomy and function
- Safe pregnancy and delivery

Offer Services or Refer

Important services which many men want include:

- Condoms, vasectomy, and counselling about other methods
- Counselling and help for sexual problems
- Infertility counselling
- Screening for penile, testicular, and prostate cancer

Like women, men of all ages, married or unmarried, have SRHR needs. They deserve high-quality services and respectful, supportive, and nonjudgmental counselling.

[14] Adapted from: World Health Organization (WHO), *Family planning: A global handbook for providers* (2011 update). (Baltimore and Geneva: WHO Department of Reproductive Health and Research and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, 2011).

HANDOUT GB

Do's and Don'ts for Engaging Men and Boys[15]

What should you do, and not do, when engaging men & boys in promoting health and gender equity? This resource brings together recent best practices and lessons learned for male engagement across health areas. It is intended to inform decision-making about programs, policy, media coverage, and funding priorities.

Why should you engage men & boys? Because they have their own distinct health needs and vulnerabilities, and because engaging men can benefit everyone-including women and girls. The reality is that inequalities in social value, power, and opportunities of men and women have provided men with many advantages, while at the same time men are disproportionately affected by many health challenges (e.g., homicide, alcohol abuse). Confronting both issues requires a careful balance, and the guidance below seeks to provide practical suggestions around how to do this.

DO recognize and meet men's distinct needs.

- Engage men and boys in ways that acknowledge and meet their unique needs-as clients, as partners, and as agents of change.
- Don't overlook men and boys as clients, including within reproductive health programs. Men often access health services later than advised (including for HIV/STIs), which can lead to adverse outcomes and high mortality rates.
- Take into account the high rates of violence, depression, and substance abuse men experience, linked to harmful norms around masculinity. Ideally, seek to prevent these experiences, through intervention and legal/policy reform.

DON'T engage men at the expense of women.

- Ensure that male engagement efforts do not compromise women's safety and ability to make decisions and access services. Track this carefully.
- Pay particular attention to any potential increases in gender-based violence; know referral pathways to provide adequate support to survivors.
- Provide sufficient staff training-including refresher training-around how best to balance engaging men and women, and monitor programs to make sure that women aren't left out.

DO seek to transform harmful gender relations and norms.

- Recognize that some common gender norms and dynamics are harmful.
- Implement programs that explicitly seek to shift gender norms-called "gender transformative" programming-which are more effective in improving health outcomes than those that do not (see link to resources on the back). Investing in transforming gender norms can also be cost-effective and improve program sustainability.
- Engage men in caregiving as a powerful entry point for transforming gender relations and norms.

DON'T discount the structural barriers men face when accessing health services.

- Ensure privacy, convenience (e.g., after-work hours), and a welcoming environment (e.g., staff prepared to receive men). Like other clients, men need options and information that meet their needs.
- Don't assume that health facilities are necessarily the best place to provide health services. Often, community-based services can best reach men.
- Advocate for policy change that breaks down structural barriers preventing men from accessing services.

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[15] This handout is a replication of: J. Pulerwitz, A. Gottert, M. Betran, and D. Shattuck on behalf of the Male Engagement Task Force, USAID IGWG, Do's and don'ts for engaging men & boys (Washington, DC: IGWG, 2019).

DO gather evidence with men and boys (and not just women and girls).

- Speak directly to men and boys, in addition to women and girls, when designing a male engagement program/ policy or evaluating its effects.
- Seek to understand the kinds of issues raised in these DO's and DON'Ts: for example, diversity and needs across the life course, structural barriers to accessing services, and the impact of transforming gender norms.
- Ensure that all research follows ethical standards, especially around sensitive subjects like relationship violence.
- Use the research tools and measures already available whenever possible.

DON'T start with the assumption that all men are bad actors.

- It is counter-productive to hold negative assumptions about men as a group, even though men who engage in harmful behaviors like partner violence must be held accountable.
- Find and amplify the voices of men who support gender equity and those who are positively changing.
- Engage men and boys in recognizing how restrictive masculine norms negatively affect their own health and well-being, as well as that of partners, children, and families-and how moving away from these norms can benefit everyone.

DO start early in the life course.

- Start building equitable gender norms in childhood to promote healthier decision-making later in life. Messages about men's and women's expected roles and behavior are internalized starting early in life.
- Ensure boys' and young men's access to mentors who endorse equitable gender norms and model healthy behavior.
- Implement evidence-based interventions to prevent and address children's exposure to adverse experiences like violence and trauma, which are common among both boys and girls. These experiences affect men's and their partners' health outcomes later in life.

DON'T overlook the diversity of men and boys in the population.

- Design programming and activities to reflect critical dimensions of men's diversity, such as gender identity, sexual orientation, race/ethnicity, fatherhood, class, religion/faith, and age.
- Intervene during transformative moments in the life of men and boys (e.g., puberty, school graduation, marriage, parenthood), when their needs and outlooks are changing.

DO engage men on their own and in groups of men, as well as together with women.

- Consider implementing male-only groups as spaces for men to consider harmful gender norms and the benefits of change, as well as to freely discuss sensitive topics, express worries, practice healthy communication, and seek advice.
- Avoid ONLY engaging men in male-only spaces, which can reinforce inequitable gender norms. Ensure opportunities for men and boys to engage in dialogue that includes women and girls.
- Seek to build skills around positive communication and shared decision-making among genders within couples and families, in all program activities.

DON'T overlook scale and sustainability for achieving impact.

- Consider how to reach entire populations or communities and how to sustain those efforts over time.
- Seek to build effective male engagement strategies into policies, institutions, and systems-for example in healthcare, education, the workplace, and government.
- Use one of the existing, evidence-based male engagement strategies and activities whenever possible.

Skills Development - Gender Sensitive Counseling

INTRODUCTION

Gender norms and gender inequalities (systematic unequal treatment based on a person's gender) can affect access and use of family planning services. For example:

- A man who does not "allow" his wife to use family planning because his parents believe he should have many sons to assure the family's lineage; or
- A woman who does not want her husband to have a vasectomy because she thinks it will lead to promiscuity.

However, gender norms and gender inequality are not fixed. They evolve over time, vary from place to place, and are subject to change. Family planning providers can offer gender-sensitive family planning services and promote societal change to contribute to eliminating gender as a barrier to family planning.

Module 7 Handouts

HANDOUT7A

Observation Checklist for Counseling

Task or Action	Yes	No	Comments
Provider assures confidentiality?			
Friendly/welcoming/smiling/respectful?			
Not judgmental or condescending?			
Listens attentively/nods head to encourage and acknowledge client's responses?			
Uses open-ended questions (i.e., not yes/no questions)?			
Uses non-technical terms and language the client can understand?			
Ask client inconsistout about their relationship with partner and their fertility desires and perspectives on use of contraception?			
Asks the client(s) about pressures they may be feeling at home to have a baby and discusses how to deal with those pressures?			
Supports and facilitates positive couple's communication on family planning?			
Listens to client's responses closely and patiently?			
Provides encouragement and reassurance? Counsels the client on a full range of contraceptive methods, including long-acting methods (i.e., does not just offer one or two methods)?			
Prepares the client to use the method she selects effectively, including thorough discussion of side effects and what the client can expect?			
Responds to client's non-verbal communication (i.e. reassure the client if she seems nervous)?			
Is non-directive (i.e., does not tell the client what to do)?			
Does not require client to seek their spouse, partner or family member's consent for contraception or sterilization?			
Asks the client if she has any questions?			
Answers client's questions?			
Summarizes and ensures a common understanding of the discussion?			

Please record any additional observations/commentsfor feedback for the provider:

Skills Development - Responding to Gender-Based Violence

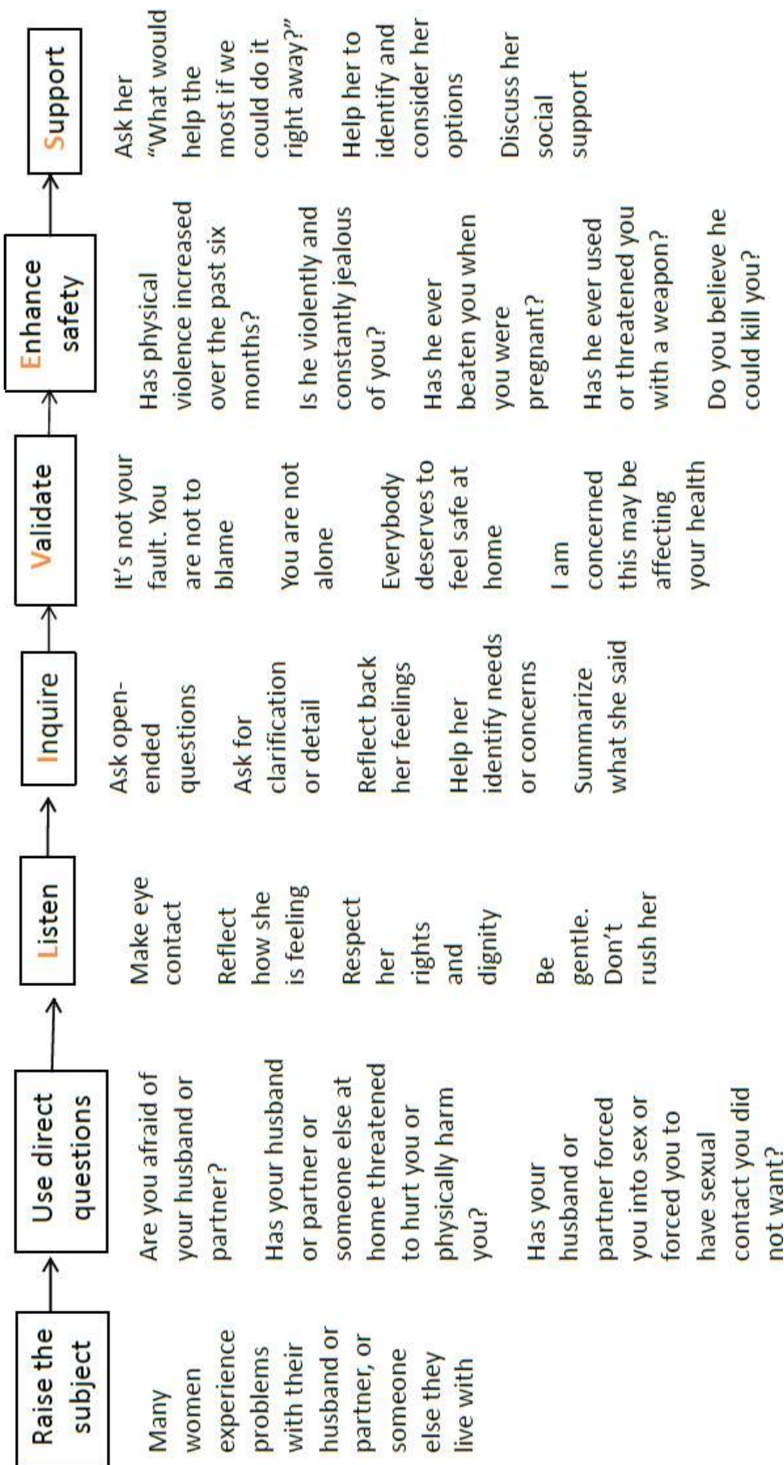
INTRODUCTION

GBV impacts millions globally and as women and girls are disproportionately impacted due their unequal status in society it is often FP providers that they go to for health care and support. Often FP providers are not prepared to address GBV, even though it impacts their clients and undermines the services they provide. If FP providers do not have procedures to respond to such clients, they are unable to deliver the highest quality services and may inadvertently contribute to a client's problems. In this module participants will learn how to respond to GBV with appropriate care that mitigates additional client harm.

Module 8 Handouts

HANDOUT SA

LIVES Communication Skills and Pathways



HANDOUT SB

LIVES Pocket Card[16]

Copy or cut out this reminder card and fold for your pocket

Signs of immediate risk

- Violence getting worse
- Threatened her with a weapon
- Tried to strangle her
- Beaten her when pregnant
- Constantly jealous
- "Do you believe he could kill you?"

Asking about violence

You might say:
"Many women experience problems with their husband or partner, but this is not acceptable."

You might ask:
"Are you afraid of your husband (or partner)?"

"Has he or someone else at home threatened to hurt you? If so, when?"

"Has he threatened to kill you?"

"Does he bully you or insult you?"

"Does he try to control you - for example, not letting you have money or go out of the house?"

"Has forced you into sex when you didn't want to?"

Listen

Inquire about needs and concerns

Validate

Enhance safety

Support

- Listen closely, with empathy, not judging.
- Assess and respond to her needs and concerns - emotional, physical, social and practical.
- Show that you believe and understand her.
- Discuss how to protect her from further harm.
- Help her connect to services, social support.

[16] WHO, *Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-care Providers* (2019).

Overcoming Obstacles to Offering Gender Sensitive Family Planning

INTRODUCTION

Family planning providers work within a health system and often do not have full decision-making power or control over their daily activities. Management in many health systems is often slow or poor, and this causes understandable frustrations for family planning providers. IN addition, many the facilities are overstretched due to the overwhelming number of people requiring medical services, including family planning services. In this module, we will explore the point of view of family planning providers, what problems challenges they face to providing gender sensitive FP services, and what strategies they could use to overcome these obstacles.

Module 9 Handouts

HANDOUT9A

Individual Action Plan

I understand that to provide gender sensitive family planning services. I need to:

- Support gender sensitive communication,
- Promote reproductive agency by encouraging clients, whether men or women, to make their own reproductive choices regardless of their age, marital status, or consent by spouse or family members.
- Engage men and boys as supporters and users of family planning,
- Facilitate positive couple's communication and cooperative decision-making,
- Respond to gender-based violence through empathetic counseling and referrals, and respect and maintain confidentiality on a woman or couples use of a family planning method.

Name:			
Specific action you can implement immediately	**Why you want to make this change**	**Challenges you might encounter**	**Strategies to overcome challenges**
1.			
2.			
3.			
Notes:			

Module 10 Handouts

POWERPOINT PRESENTATION

Purpose of the Training

The purpose of this training is to equip family planning (FP) providers with the knowledge and skills needed to provide gender sensitive FP services, thereby improving provider-client interactions and overall quality of care.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 0 3

Training Goals

The goals of this training are to:

1. Give FP providers an understanding of key gender concepts and how to apply them in service delivery.
2. Raise FP providers' awareness of key gender issues related to FP and reproductive health (RH) service provision.
3. Introduce providers to skills needed to be gender competent FP providers.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 0 4

GROUP ACTIVITY

Ice breaker

- Find your partner with the same letter on his/her card.
- Interview each other to find out:
  - Name
  - Place of work
  - 2 expectations for the workshop
  - 2 words that come to mind when they hear the word "gender"

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 0 5

Questions?

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 0 6

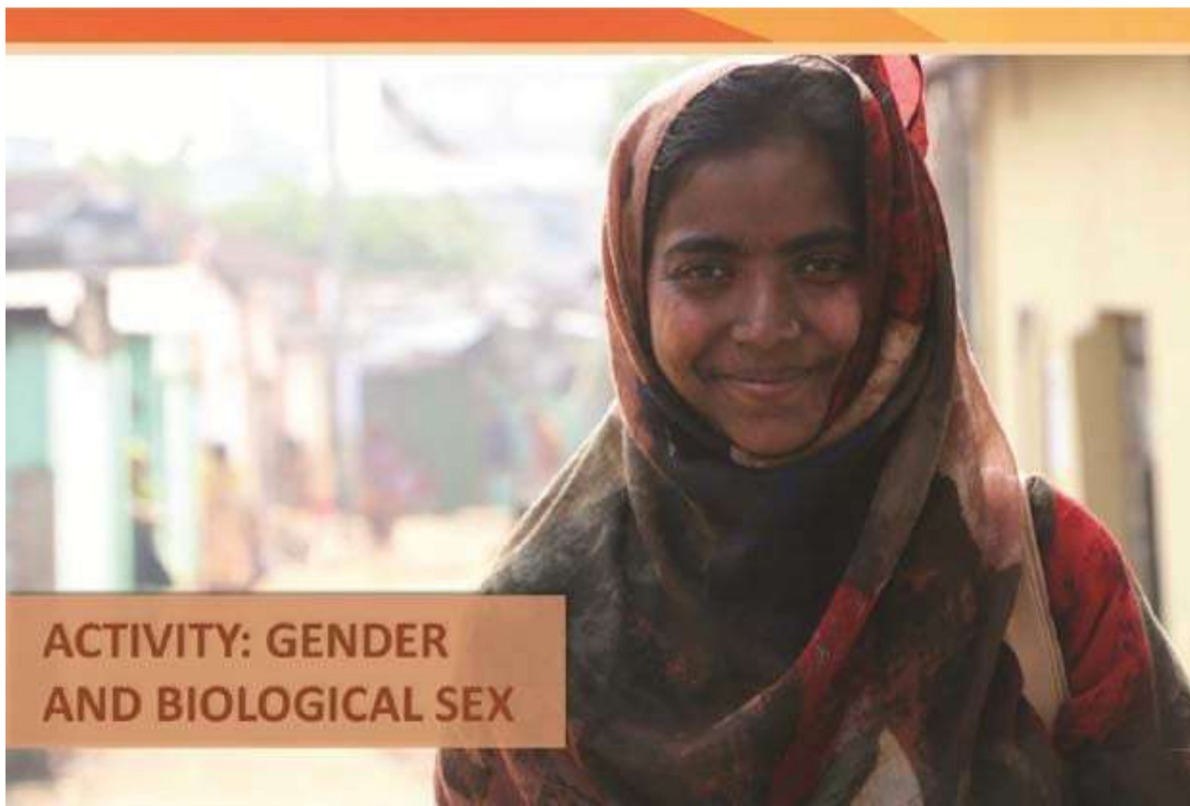
MODULE 1

Understanding Gender and its Role in Family Planning

Learning Objectives

By the end of the module, participants will be able to:

1. Reflect on their understanding of sex and gender.
2. Define and understand the meaning of gender and gender-related concepts including: gender roles, gender equality, and gender equity.
3. Promote a better understanding of gender in their workplace.



Key Gender Terms and Concepts

- **Sex**: classification of people as female, male, or intersex. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs and genitalia.
- **Gender**: refers to roles, norms, and behaviors society considers appropriate for women, men, girls, boys, and those with diverse gender identities, such as transgender people. These are socially constructed and vary widely within and across culture, religion, class, and ethnicity. For example, in many societies a common gender norm is that women and girls should do most of the domestic work.

Difference Between Sex and Gender

SEX	GENDER
• Is biological	• Is socially constructed
• You are born with it	• Is learned
• Cannot be changed	• Can be changed
• Is constant	• Varies with society, culture, country, and religious perspectives

Any questions regarding the understanding of the difference between gender and biological sex?

Key Gender Terms and Concepts

- **Gender norms:** what society considers male and female behaviors. These lead to the formation of **gender roles**, which are the roles men/boys and women/girls are expected to take in society.

- **Gender roles:** the behaviors, tasks, and responsibilities that are considered appropriate for women and men as a result of sociocultural norms and beliefs. Gender roles are usually learned in childhood. They change over time as a result of social and/or political change.

Key Gender Terms and Concepts

- **Gender stereotypes:** ideas that people have about masculinity and femininity—what men and women of all generations should be like and are capable of doing (e.g., girls are allowed to cry, and boys should not cry).
- **Gender-related barriers:** obstacles to accessing and using health services that are related to deep-rooted social and cultural norms about the roles of women, men, and those with diverse gender identities. For example, when caregivers, primarily women, have not been educated, lack decision-making power, are economically dependent, or are unable to move freely outside their homes, there is a greater likelihood that they will not take their children to get vaccinated.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 1 13

Gender Equality & Gender Equity

EQUALITY

- Equality means sameness
- Giving everyone the same
- It works if everyone starts from the same place

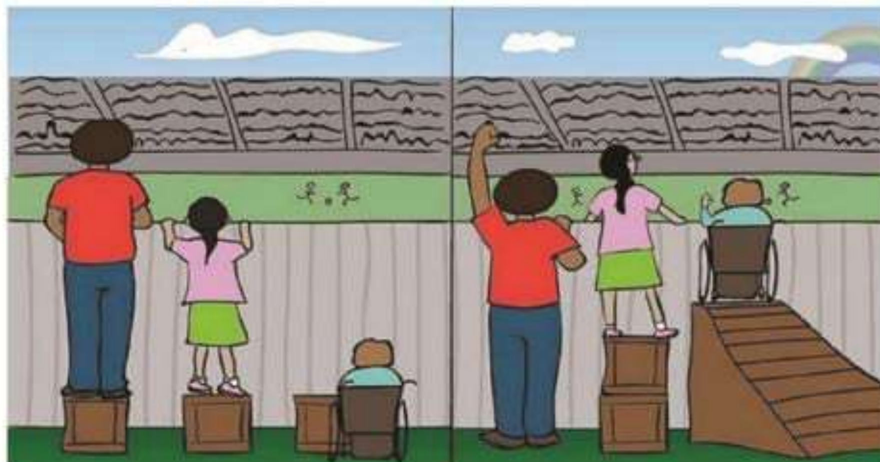
EQUITY

- Equity means fairness
- Access to the same opportunity
- We must first ensure equity before we can enjoy equality

Everybody does not need to be the same to achieve gender equality.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 1 14

Equality versus Equity



Constitution of the People's Republic of Bangladesh

The Constitution of Bangladesh guarantees the fundamental rights of women and forbid any form of discrimination on the basis of sex:

- The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex or place of birth. Article 28 (1)
- Nothing in this article shall prevent the State from making special provision in favour of women or children or for the advancement of any backward section of citizens. Article 28 (4)
- Steps shall be taken in ensure participation of women in all spheres of national life as a fundamental principle of state policy. Article 10
- All citizens are equal before law and are entitled to equal protection of law. Article 27

Bangladesh's Gender-Based Violence (GBV) Laws and Policies

- The Dowry Prohibition Act
- Acid Crime Prevention Act, 2000 and Acid control Act, 2000
- Family Violence Prevention and Protection Act, 2010

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 1 17

International Human Rights Declarations

"All human beings are born free and equal in dignity and rights."

- The Universal Declaration of Human Rights (UDHR)
- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 1 18

Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)

CEDAW on discrimination against women:

Any distinction, exclusion or restriction made on the basis of sex that leads to the violation of the human rights and fundamental freedoms of women in the political, economic, social, cultural, civil or any other field.

Sustainable Development Goals (SDGs)

SDG 5: Achieve Gender Equality and Empower all Women and Girls

- 5.1 End all forms of discrimination against all women and girls everywhere
- 5.2 Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation
- 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations
- 5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate
- 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 1 21

SDG 5: Achieve Gender Equality and Empower all Women and Girls

- 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences
- 5.a. Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance, and natural resources in accordance with national laws
- 5.b. Enhance the use of enabling technologies, in particular ICT, to promote women's empowerment
- 5.c. Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 1 22

Questions?

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 1 23

MODULE 2

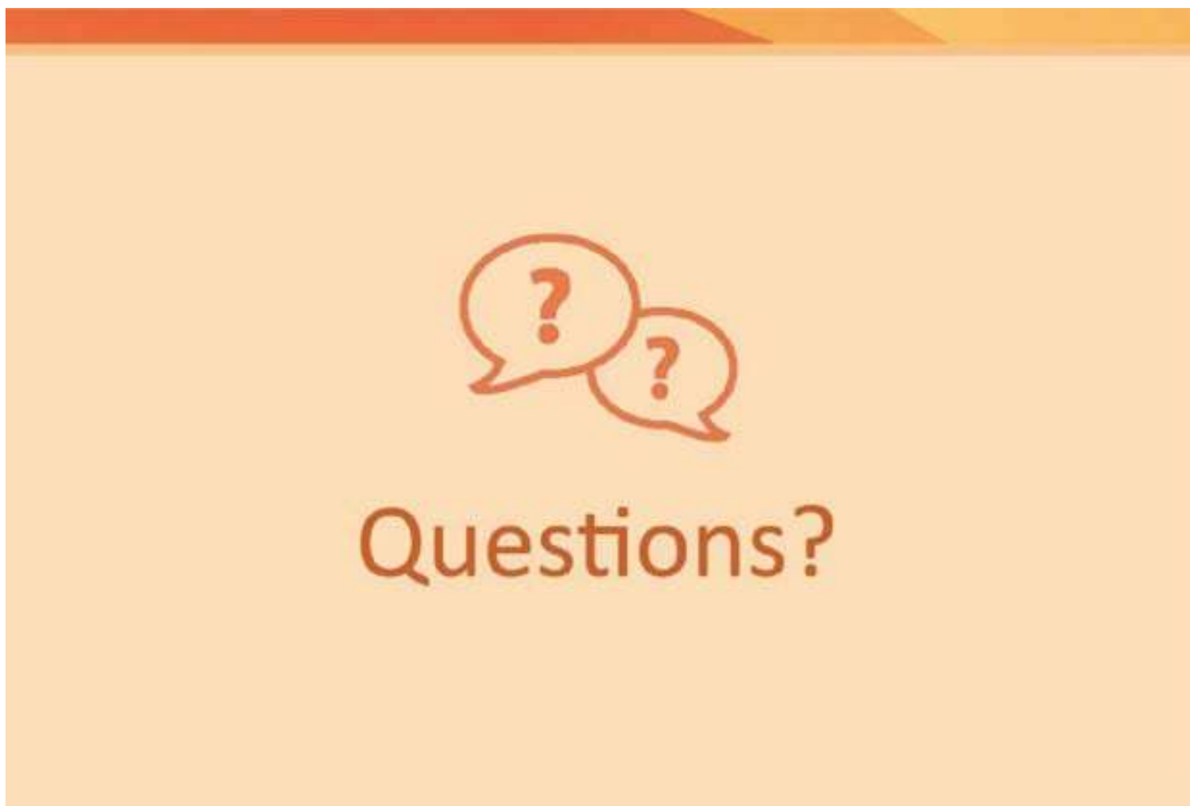
Gender Values Clarification

Learning Objectives

By the end of the module, participants will be able to:

- Explore and understand one's own ideas about and experiences with gender.
- Identify how one's personal experiences and beliefs regarding gender may affect family planning service provision.

ACTIVITY: VOTE WITH YOUR FEET
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 2
27


Questions?
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 2
28

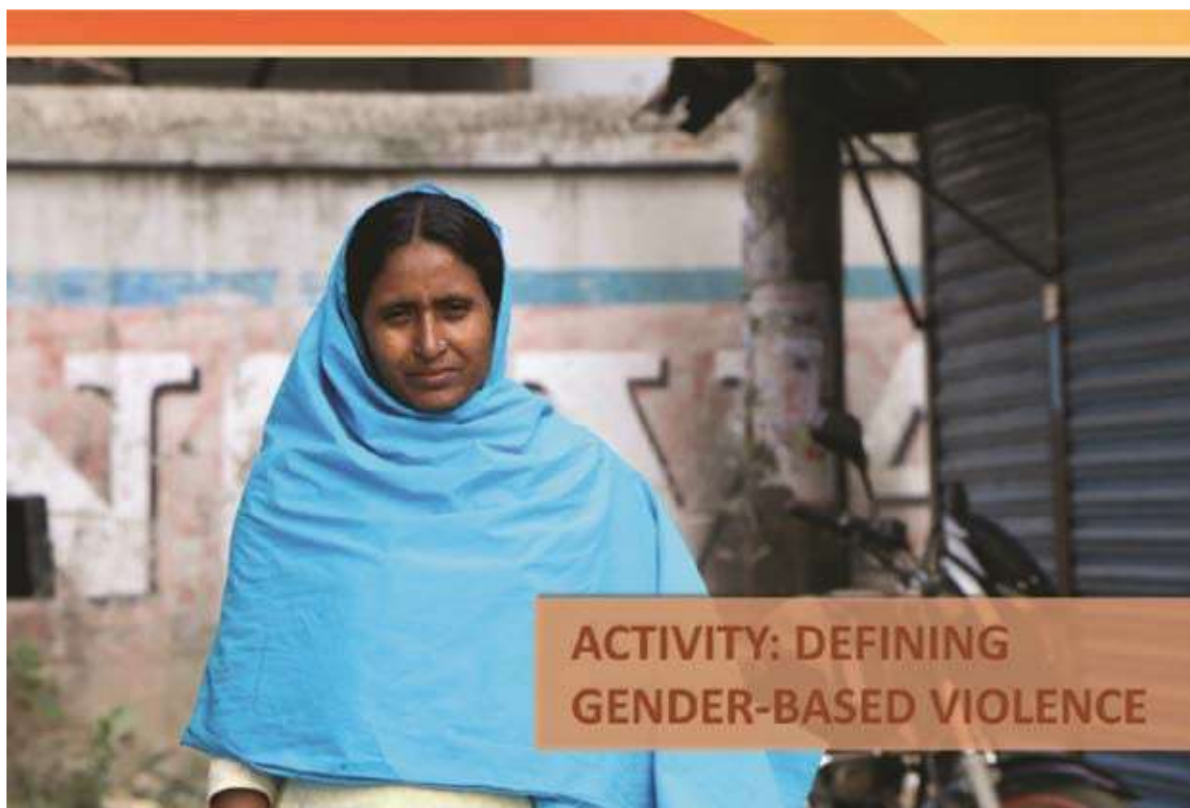
MODULE 3

Gender-Based Violence

Learning Objectives

By the end of the module, participants will be able to:

- Define gender-based violence.
- Deconstruct the myths and realities surrounding gender-based violence and understand that gender-based violence also affects males due to gender norms.



GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 32

Gender-Based Violence (GBV)

GBV refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses:

- Threats of violence and coercion
- Physical or sexual assault
- Emotional or psychological harm
- Denial of resources or access to services
- Denial of legal self-autonomy
- It inflicts harm on women, girls, men, and boys.

UN Standard Definition

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 33

Violence Against Women (VAW)

VAW refers to any act that is based on gender norms or unequal power dynamics that results in, or is likely to result in, physical, sexual, or mental harm to women, including threats, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. It includes:

- Intimate partner violence
- Sexual assault and rape
- Female genital cutting
- Reproductive coercion
- Forced marriage
- Trafficking
- Denial of education, financial, and legal services

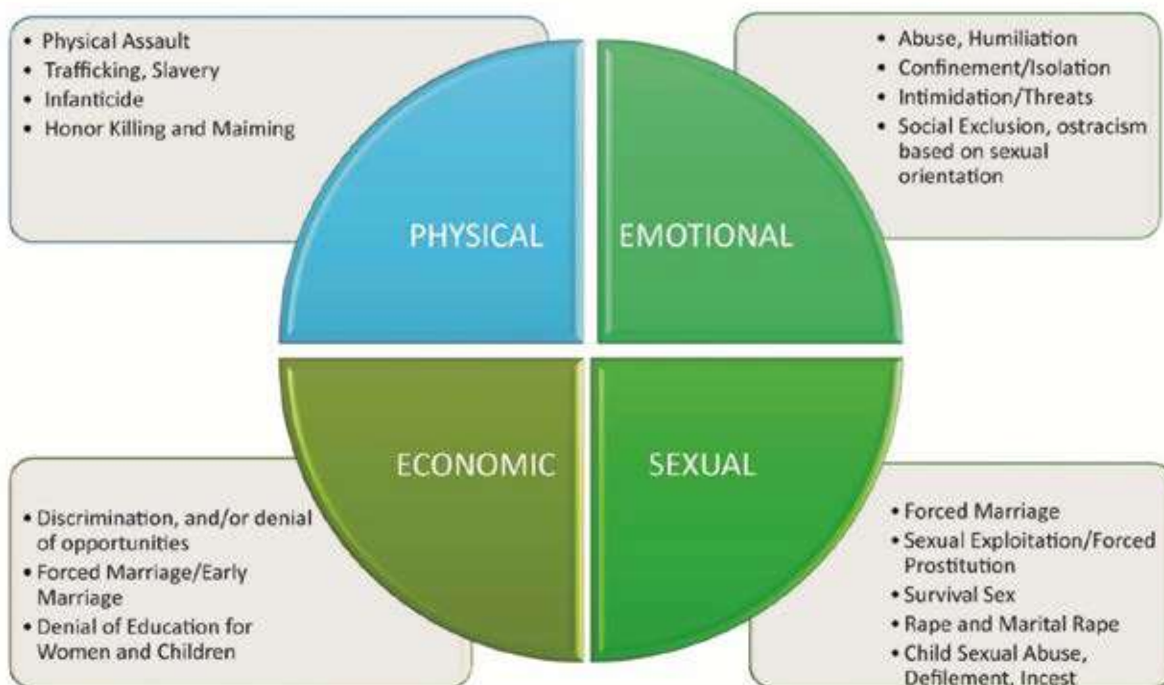
WHO Standard Definition

Intimate Partner Violence (IPV)

IPV refers to any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Examples of types of behaviors are listed below.

- Acts of physical violence, such as slapping, hitting, kicking, or beating. Sexual violence, including forced sexual intercourse and other forms of sexual coercion.
- Emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children.
- Controlling behaviors, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.

WHO Standard Definition


Types of GBV
PHYSICAL
EMOTIONAL
ECONOMIC
SEXUAL
• Physical Assault
• Trafficking, Slavery
• Infanticide
• Honor Killing and Maiming
• Abuse, Humiliation
• Confinement/Isolation
• Intimidation/Threats
• Social Exclusion, ostracism based on sexual orientation
• Discrimination, and/or denial of opportunities
• Forced Marriage/Early Marriage
• Denial of Education for Women and Children
• Forced Marriage
• Sexual Exploitation/Forced Prostitution
• Survival Sex
• Rape and Marital Rape
• Child Sexual Abuse, Defilement, Incest
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3
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কিশোর কিশোরী স্বাস্থ্য
ACTIVITY: GBV – MYTH OR REALITY?
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3
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Myth or Reality?

35% of women globally experience gender-based violence in their lifetime.

Reality!

1 in 3 women, globally, experience physical, sexual, or emotional violence due to their gender.
Similar numbers of women have already experienced GBV by the age of 19. Prevalence among 15–19-year-olds is estimated at 29% globally.

Myth or Reality?

Gender-based violence does not occur in Bangladesh.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 40

Myth!

Almost two-thirds (72.6%) of ever-married women in Bangladesh experience one or more forms of violence by their husband at least once in their lifetime, and 54.7% report experiencing violence in the last 12 months.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 41

Myth or Reality?

There is nothing we can do to stop gender-based violence.

Myth!

Gender-based violence is a product of learned attitudes and norms. It can be eliminated by promoting a culture of respect and equality in family and society.

Myth or Reality?

Gender-based violence is an inevitable part of marriage/intimate partner relations.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 44

Myth!

Disagreements and disputes may be inevitable parts of intimate partner relations. However, violence as a way of resolving those disputes is not. Violence is a learned behavior and can be unlearned.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 45

Myth or Reality?

Domestic violence is not just a private, family matter.

Reality!

GBV is a human rights violation and a serious, widespread crime.

It is the responsibility of all of us, but particularly health care providers, to contribute to ending gender-based violence.

Questions?

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 3 48

MODULE 4

Reproductive Agency – Young Married Women & their Partners

Learning Objectives

By the end of the module, participants will be able to:

- Understand key concepts related to reproductive agency.
- Describe the needs and challenges young married women and their partners face in exercising their reproductive agency.

Rights-Based Family Planning

"Rights-based family planning is an approach aimed at fulfilling the rights of all individuals to choose whether, when, and how many children to have; to act on those choices through high-quality sexual and reproductive health services, information, and education; and to access those services free from discrimination, coercion, and violence."*

*FP2020's Rights & Empowerment Working Group. *Family Planning 2020: Rights and Empowerment Principals for Family Planning*

Understanding Agency

- **Agency**

  Broadly refers the ability or sense of ability to define one's goals, act upon them, and decide on one's own strategic life outcomes.

- **Reproductive Agency**

  The ability to set individual reproductive goals and follow through with actions to realize the goals. This includes reproductive goals about whether, when, and how many children to have and being able to effectively use contraceptives to control fertility, to enable individuals to realize their goals.

What gender and social norms interfere with or restrict reproductive agency?

Gender and social norms that impact reproductive agency

- Pressure on young women and couples to "prove" fertility soon after marriage.
- Belief that young married women and couples without children should not be counseled on family planning/contraception.
- "Son preference" or preference to produce a male child.
- Women need husbands'/in-laws' permission to use contraception.
- Belief that young women shouldn't use contraception or long-term methods.
- Women and girls needing permission from husbands and/or in-laws to access health services, including family planning.
- Women and girls' lack financial support or need to ask husband for money to seek family planning services, including money for transportation and contraceptive commodities.

Gender and social norms that impact reproductive agency

- Taboos on women and girls accessing information about reproductive health.
- After marriage women and girls are considered "property" of their husbands.
- Forced sexual intercourse in marriage is not socially recognized as GBV and providers do not treat it as such.
- Belief that young women can't be trusted to make their own decisions—providers at health centers "know what's best for them."
- Norms that reward young women who please their husbands.
- Belief that new brides should spend almost all of their time in the home.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4 56

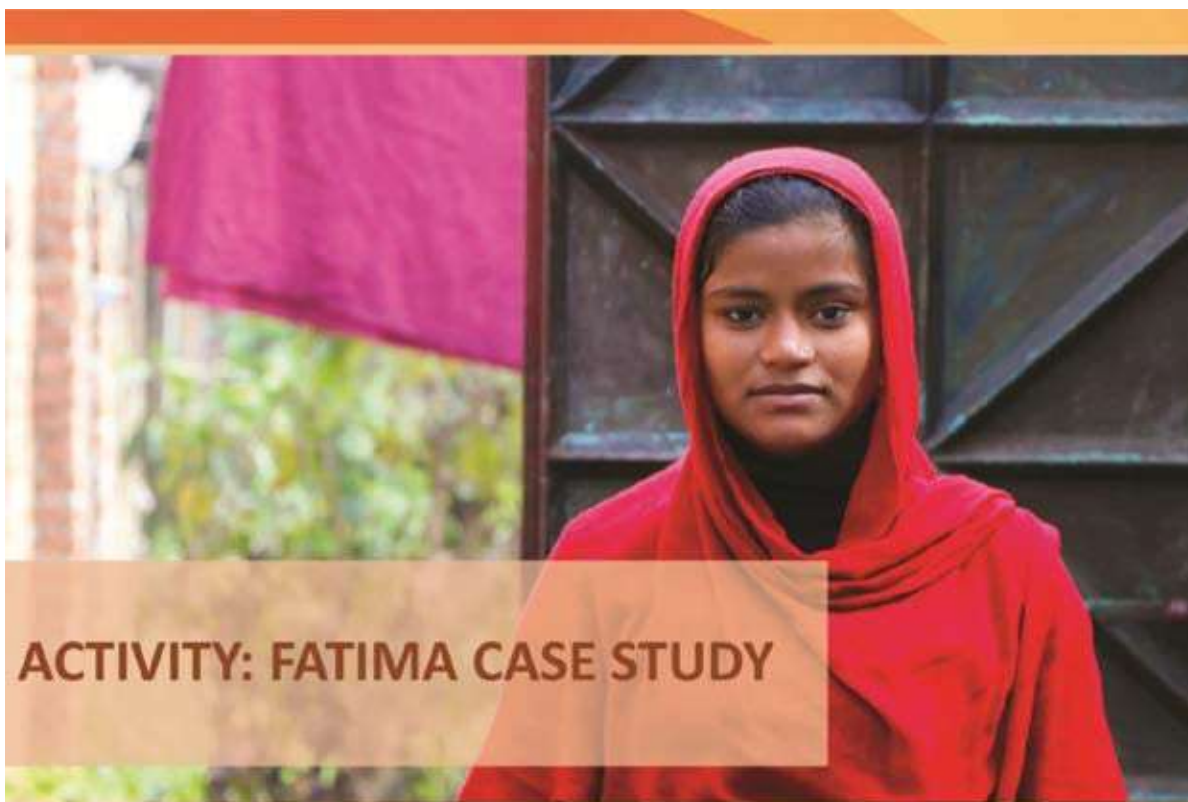
Reproductive Empowerment*

is both a transformative process and an outcome whereby individuals expand their capacity to:

- Make informed decisions about their reproductive lives
- Amplify their ability to meaningfully participate in public and private discussions related to sexuality, reproductive health, and fertility
- Act on their preferences and choices to achieve desired reproductive outcomes, free from violence, retribution, or fear

- * Edmeades, J., Hinson, L., Sebany, M., & Murithi, L. (2018). A Conceptual Framework for Reproductive Empowerment: Empowering Individuals and Couples to Improve their Health (Brief). Washington, DC: International Center for Research on Women

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4 57



Why do young married women and FTPs need access to gender sensitive FP services?

- Young women often have very little power, or reproductive agency, to:
  - Negotiate use of health services
  - Decide when and if to have children
  - Decide when and if to use contraception
- Young married women experience pressures from community, family, and husbands to bear children immediately, with added pressure to have a son.
- Young married women and their partners are often ignored by other programs designed for youth because they are not in school or in community-based youth groups.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4 59

Why do young married women and FTPs need access to gender sensitive FP services?

- Young married women and their partners are just beginning their relationships and reproductive lives together, so this is an opportunity to develop lifelong healthy reproductive practices and promote better communication and joint decision making among couples.
- Promoting joint decision making and communication between young women and their partners can result in an increase in contraceptive use, lower lifetime fertility, reduced maternal mortality, and increased ability for young women to participate in educational and economic opportunities.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4 60

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 4 61

Gender Sensitive FP Counseling

- Protect the client's privacy and confidentiality.
  - Ensure that counseling is done in a room where others cannot see or hear.
  - Do not announce to the waiting area what services the client is at the clinic for.
- Sit at eye-level with the client.
- Welcome the client warmly.
- Ask open-ended questions.
- Do not do all the talking.

Gender Sensitive FP Counseling

- Ask about the woman's relationship with her partner. **Under no circumstances should a woman be denied contraception or a contraceptive method because her husband has not approved.**
- Emphasize the importance of healthy timing and spacing of pregnancy (HTSP).
- Do not let your own values and biases affect the consultation.
- Provide accurate information, never give wrong information, and if you do not know something, say you do not know (and will find out).

Gender Sensitive FP Counseling

- Use simple words.
- Encourage the client to ask questions.
- Use visual aids (e.g., a picture, flipchart) if available, or show a person how to do a task as you explain.
- Listen carefully to what is said and repeat back to make sure you have understood correctly.

Questions?

MODULE 5

Gender Integration Continuum

Learning Objectives

By the end of the module, participants will be able to:

- Understand the continuum of gender as it relates to integrating gendered approaches in projects and activities.
- Describe the 4 approaches to gender integration in programs and services.

Gender Blind & Gender Aware

Gender Blind policies and programs are designed without prior analysis of the culturally defined set of economic, social, and political roles, responsibilities, rights, entitlements, obligations, and power relations associated with being female and male and the dynamics between men and women/boys and girls. Gender blind services do not consider how gender norms and unequal power relations affect health care provision/outcomes, or how health care provision impacts gender relations.

Gender Aware: The explicit recognition of local gender differences, norms, and relations and their importance to health outcomes. This begins with the analysis or assessment of gender differences, norms, and relations to address gender equity in health outcomes.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 5 5

Unpacking Gender Aware Programming

Continuum Stage	Characteristics
Gender Exploitative	Intentionally or unintentionally reinforces or takes advantage of gender inequalities and stereotypes in pursuit of project outcomes.
	Takes advantage of rigid gender norms and existing imbalances in power to achieve the health program objectives.
	This approach is harmful and can undermine program objectives in the long run.

Unpacking Gender Aware Programming

Continuum Stage	Characteristics
Gender Accommodating	Considers gender norms, roles, and relations for women and men and how they affect access to and control over resources
	Considers women's and men's specific needs
	Intentionally targets and benefits a specific group of women or men to achieve certain policy or program goals or meet certain needs

Unpacking Gender Aware Programming

Continuum Stage	Characteristics
Gender Transformative	Considers gender norms, roles and relations for women and men and that these affect access to and control over resources
	Considers women's and men's specific needs
	Addresses the causes of gender-based health [and other] inequities
	Includes ways to transform harmful gender norms, roles and relations
	The objective is often to promote gender equality

Example: FP Promotion Program

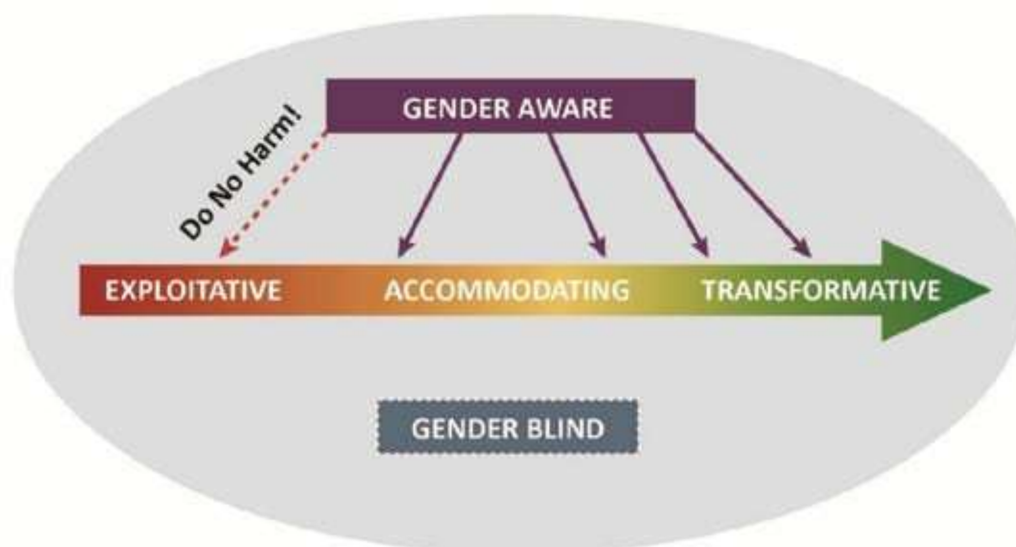
Intervention	Exploitative	Accommodating	Transformative
FP awareness raising program supported through serial cartoon strip and radio program	Characters featured in the program included an inconsiderate husband and his wife who is burdened with raising 5 children and tending to their small plot of land. Episodes that included domestic violence were featured in the serial without any discussion. From an awareness raising perspective, the program was deemed very successful as FP demand increased. However, the underlying message exacerbates gender inequalities and, as a result, domestic violence in the community remains unchanged.	An episode of domestic violence featured women caring for a woman who had been beaten by her husband. There was no discussion of men's roles in treating the problem. The program met its health objectives as more people became aware of FP services and was deemed very successful, but the underlying message maintains gender inequalities that fail to question or challenge the status quo. In this case, VAW was accepted—the symptoms were treated but the underlying causes were left unchallenged.*	An episode of domestic violence in the storyline included counseling and community involvement. In the program, groups of men and women dealt with domestic violence by exploring gender roles and roleplaying positive behavior. The program was very successful on 2 levels. FP awareness increased and communities were engaged to deal with combating domestic violence by promoting positive, healthy relations between men/boys and women/girls.

*Note: In some settings, publicly acknowledging the existence of domestic violence is revolutionary. Thus, this example could also potentially fall under the "tranforming" category.

Concept into Action: Bangladesh's FP Program

- BDHS data shows that male sterilization is declining
- Limited dialogue between sexual partners around FP, use of contraception, or the pros and cons of different methods
- The 2015 national survey on violence against women shows high prevalence of reproductive coercion:
  - 36.1% women seek permission before accessing health services
  - 49.6% of experience physical intimate partner violence
  - 6.4% of women report being forced to use contraception
- Standard practice for FP counseling rarely includes or provides:
  - guidance for consideration of IPV
  - woman's degree of independent decision making
  - how the client might perceive gender-based expectations or discrimination

Gender Integration Continuum - Do No Harm



Questions?

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 5 12

MODULE 6

Framework for Engaging Men in Reproductive Health

Learning Objectives

By the end of this module, participants will be able to:

- Understand the importance of engaging men in family planning.
- Explain a framework for engaging men in family planning.
- Identify approaches providers can use to engage men in family planning.

Constructive Male Engagement Should Address

- Both men's and women's roles, norms, and vulnerabilities
- Access to resources
- Control over resources
- Decision making
- How gender norms exacerbate gender inequalities (gender exploitative) or promote gender equality

Framework for Engaging Men in Family Planning

Men as Clients

- Recognizes men as potential users of FP by providing them with information on methods, counseling, and obtaining methods of choice, including speaking confidently about vasectomy to clients.
- Brings up and provides information on male-controlled and cooperative contraceptive methods and provides referrals when male contraception is not readily available.
- Pursues opportunities to engage men who may not traditionally seek FP services, without decreasing women's agency or reproductive agency.

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 6 18

Men as Supportive Partners

- Recognize the potential for unequal power in decision-making between partners about FP choices before initiating couple communication and cooperative decision-making.
  Promote positive male participation in method choice and use, including shared responsibility for FP and contraceptive use.
- Engage men as allies and support resources to their partners in improving FP.
- Consider the gender inequities that negatively impact RH and FP and aim to help address those inequalities to support gender sensitive FP.

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Men as Agents of Change

- With this approach comes an assumption that more progressive norms around masculinity and gender will translate into improved RH outcomes and GBV prevention.
- Programs that focus on Men as Agents of Change are often the most intensive and difficult to carry out because they ask boys and men to make individual changes, often in unsupportive environments.
- Some programs using this approach ask boys and men to engage others in their communities to promote gender equity, including in relation to GBV prevention and RH.

Questions?

GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 6 22

MODULE 7

Skills Development: Gender-Sensitive Counseling

Learning Objectives

By the end of this session, participants will be able to:

- Demonstrate gender sensitive counseling.
- Explain ways of facilitating positive couple's communication and decision making.

Gender Sensitive Counseling

Key points to remember:

- Gender norms and power dynamics affect your client's ability to make rights-based, personal choices.
- FP/contraception impacts men and women and can be used by both men and women.
- Gender norms likely reduce women's comfort and ability to express different opinions from their male partners – when counseling couples, seek the women's response first.
- **Under no circumstances should a woman be denied contraception or a specific contraceptive method because her husband and/or family has not approved.**

ROLEPLAY INSTRUCTIONS

- Work together as a team.
- Select a scenarios from **Tool 7A** as your first roleplay.
- Review **Handouts 7A** and **4A** and draw on them as you prepare and observe the roleplays.
- In each group, 1 participant will play the role of the client (and 1 participant will pay the partner, if it is a couple's counseling scenario); 1 participant will play the provider. The remaining participants will be observers.
- Review the scenario and the associated questions on **Tool 7A** as a team.
- Observers should give feedback using **Handout 7A** as a guide.
- Spend no more than 10 minutes on the first scenario, **then switch to a different scenario—switching roles**. Every participant should have the chance to play the role of provider.
- After 10 minutes, choose another scenario and switch roles again.

Questions?

MODULE 8

Skills Development: Responding to GBV

Learning Objectives

By the end of this module, participants will be able to:

- Describe the DO NO HARM principles surrounding FP service provision and the risk of violence against women.
- Demonstrate how to respond to disclosures of GBV with appropriate first-line information.

FPin the Context of GBV

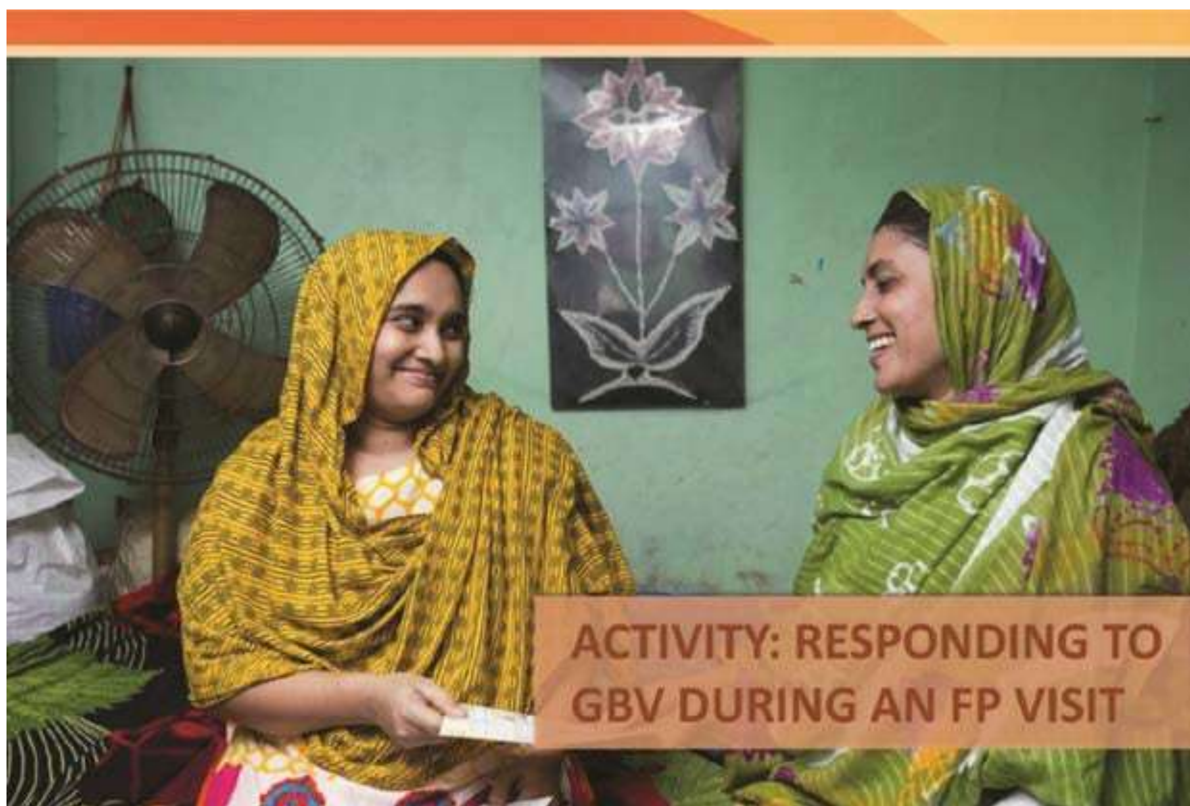
First, DO NO HARM

- At least 1 in 4 married women in Bangladesh are currently living with intimate partner violence.
- Confidentiality and privacy are essential to protect women from escalation or further violence.
- Include discreetness pros and cons in counseling on each method to all clients.
- Pragmatically and nonjudgmentally discuss implications for effectiveness and safety if a client has disclosed IPV or fear of violence from other perpetrators.

Family Planning in the Context of GBV – LIV(ES)

- Always allow the woman to lead. If she does not want to discuss or disclose that is okay.
- As her reproductive health provider, you may be one of her few contacts outside of her home. Every FP provider should be able to:
    - **L**ISTEN to what a woman is saying, and not saying
    - **I**NQUIRE with respect and through simple open-ended questions
    - **V**ALIDATE the woman's feelings and experience, reflecting that she deserves to be safe and receive care.

Health system response to gender-based violence is complex. Additional trainings are available should you or your facility be interested.



ROLEPLAY INSTRUCTIONS

- Work together as a team.
- Each group should identify 1 person to roleplay provider, 1 person to roleplay client, and 1 person to serve as an observer. (If there is a fourth, that person can also serve as an observer.)
- You have **10 minutes** to conduct the roleplays in their small groups. You should switch roles so everyone has a chance to play the provider.
- After 10 minutes, come back together as a group to discuss the roleplay experience.

Questions?

MODULE 9

Overcoming Obstacles to Offering Gender Sensitive FP Services

Learning Objectives

By the end of this module, participants will be able to:

- Identify challenges to providing gender sensitive family planning counseling and services.
- Identify 3 changes that participants want to make in their work immediately to implement what they have learned in this training.
- Make action plans detailing specific activities, barriers that might be encountered, and strategies for overcoming them.

Needs of Health Care Staff

- Supportive Supervision and Management
- Information, Training, and Professional Development
- Equipment, Supplies, and Infrastructure

Equipment, Supplies, and Infrastructure

To deliver quality services, health providers need reliable and sufficient supplies, working equipment, and adequate infrastructure, including counseling rooms.

Supportive Supervision and Management

Health care providers preform at their best in an enabling work environment where they receive supportive management and supervision, including:

- Continuous performance improvement feedback and support
- Opportunities to improve their knowledge and skills.

Information, Training, and Professional Development

To provide quality services, health care providers must possess and continuously acquire the knowledge, skills, and attitudes needed to provide the best services possible.

Providers **Can** Change Negative Effects of Gender Norms and Stereotypes by:

- Acknowledging the role of gender in their own decision making and behavior
- Supporting reproductive agency, particularly of women, to make family planning decisions
- Encouraging men's constructive participation in family planning, either through use of a method and/or by supporting their partners' use of a method

ACTIVITY: POST-TEST &
TRAINING EVALUATION
GENDER INTEGRATION IN FAMILY PLANNING SERVICES | MODULE 9
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CONGRATULATIONS
ON COMPLETING THE
TRAINING
GENDER INTEGRATION IN FAMILY PLANNING SERVICES
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Thank You!

ShukhiJibon

PATHFINDER

Shukhijibon

PATHFINDER